

EDITORIAL

United Funds and Voluntary Health Agencies

THE PAST FEW YEARS have witnessed the development of an increasing controversy between the United Funds and the Voluntary Health Agencies. At times the dispute has descended to levels neither mature nor dignified.

The genesis of the controversy is simple. United Funds have been created to put an end to multiple fund drives for worthy causes. The argument that one might contribute once—and be done with it—appears attractive, particularly to those whose knowledge of the functions of the organizations involved is limited.

These organizations fall into two principal categories. One group consists of local welfare agencies. The other is composed of national health agencies, among which are such highly respected bodies as the American Cancer Society, the American Heart Association, the National Tuberculosis Association and the National Foundation for Infantile Paralysis. These have contributed significantly to the health and medical welfare of the American people. All have state and local subdivisions.

It is worth while to examine the functions of the two groups of agencies. Both are devoted to meeting human needs and are therefore admirable. They have certain points of similarity but greater differences.

The local welfare organizations were established to care for the needy in their own communities. The needs of one community may vary from those of another and may include providing employment, food, shelter, clothing, transportation, medical and hospital care, recreation facilities and other services.

It may be laudable for a community group to survey the overall requirements for these strictly local services, to raise funds in appropriate amount and

to distribute them on the basis of a generally acceptable formula. No valid objection to this procedure can be offered, and local welfare organizations wishing to become a part of United Funds should be free to do so.

The value of a particular local organization must be estimated at the community level. Worthy welfare programs deserve our support and when they are joined together in a common campaign for funds we should assist in the project.

The situation with the Voluntary Health Agencies is quite different. The primary purposes of these agencies are to support research, to conduct programs of public education and to assist in professional education. The service aspects of most agencies are limited and constitute a minor portion of their activities. The principal exception is the National Foundation for Infantile Paralysis. As important, however, as the service program of the Foundation may be, it pales into insignificance when compared with the research which led to the development of the Salk vaccine.

The reduction of the death rate of tuberculosis can be attributed in part to the efforts of the Tuberculosis Association. It becomes progressively more apparent that the conquest of cancer and cardiovascular diseases will be accomplished through research into the causes of these conditions and into improved methods of prevention and treatment. Progress is being made in these fields, but much more remains to be done.

It is not easy to decide which research projects deserve support, even at the national level, where maximum information and the services of experts are available. This is much more difficult to accomplish at the state level and it is virtually impossible to do so realistically in the local community. National leadership is essential.

Public education is a prime function of the Voluntary Health Agencies and is particularly important in the field of cancer. The annual crusade of the American Cancer Society in April does more to inform the public of the necessity of early diagnosis and early effective treatment than the year around educational activities of the Society. Thousands of dedicated volunteer workers disseminate important information about cancer while soliciting contributions. The solicitation of funds and the education of the public are inextricably linked.

The individual Voluntary Health Agency must be judged on the basis of its announced objectives, the effectiveness and fidelity it displays in pursuing those objectives and the soundness of its budget. A reasonable overhead and economy of operation are important items.

In some communities great pressure has been exerted upon local branches of the Health Agencies to force them into United Funds. Coercive tactics, misrepresentation and subterfuge have been used. In certain instances medical societies have been induced to set up local research foundations which they are ill equipped, from the standpoint of special skills, experience and facilities, to administer wisely.

This mechanism has been used to enable United Funds to receive donations in the names of diseases the Voluntary Health Agencies were founded to combat. The freedom of the agencies to conduct their own campaigns has been curtailed.

Where long-time arrangements have existed between United Funds and Health Agencies involving participation of the Agencies in campaigns of the United Funds, the experience usually has been unsatisfactory. Smaller sums have been raised for specific purposes than could have been achieved by the agencies alone. It must be recognized that local service demands tend to take precedence over broader programs. The end result has been less well financed research and injury to the public education endeavor.

At the recent hearings of the Shipman Committee in Chicago, it was convincingly demonstrated that the United Community Funds and Councils of America (the national organization of United Funds) is determined to eliminate the fund-raising activities of the Voluntary Health Agencies. It was further developed that donations designated for specific purposes will be accepted by United Funds temporarily, but ultimately the donor probably will be deprived of the right to have his gift allocated according to his desires.

We commend the Voluntary Health Agencies for their refusal to accept money from the United Funds and for directing their state and local units to do likewise. Should the efforts of the United Funds and Councils succeed, the destruction of the Voluntary

Health Agencies will be inevitable. These agencies have a record of accomplishment and are rendering constructive service to the American people. Their loss would be a catastrophe.

We, as members of the medical profession, recognize the value of the Voluntary Health Agencies. We also dislike and resent coercion—whether it be by government or by others who arrogate decision as to the course we should follow.

To remain effective, the Voluntary Health Agencies must maintain their independence and retain their identities. It is vital that they not be dominated by other influences or be submerged in larger organizations.

The medical profession probably represents the most potent body of informed public opinion in this controversy. We are convinced that the Voluntary Health Agencies are performing a valuable service. We must not permit ourselves to be coerced or cajoled into programs designed to destroy them. The loss of these bodies would be an open invitation to government to step into the void thus created. Governmental agencies have a place in the financing of research, but to surrender the field to them completely would be to court disaster.

1958 Annual Session

CALIFORNIA MEDICAL ASSOCIATION's 1958 Annual Session will again be held at the Ambassador Hotel from the 27th to the 30th of this month.

Lest you think the location of the meeting has got stuck in a rut, please remember that this year the meeting was to have been held in San Francisco; the change to Los Angeles was made when the American Medical Association scheduled its 1958 meeting for San Francisco, an event calculated to drain interest away from a C.M.A. session in the same city just a month earlier.

One pronounced change in the scientific program this year will be three postgraduate courses for which official credit will be given by general practice organizations. Each of the three Los Angeles medical schools will supply the program and faculty for a postgraduate course. To help pay the cost of these courses and to qualify them for credits by organizations who give credits to members for postgraduate work, a fee of \$25.00 is to be charged for each.

On Sunday afternoon and Monday and Tuesday mornings, the University of Southern California medical school will stage a course on liver diseases, one session to be held at the Los Angeles County General Hospital.

University of California at Los Angeles will put on a course on the management of trauma on Monday, Tuesday and Wednesday mornings.